

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.:

FILING DATE

APPLICANT(S)

10804560

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL (IND. TOTAL DEP. TOTAL CLAIMS)						

  

	IND	DEP	IND	DEP	IND	DEP
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TOTAL (IND. TOTAL DEP. TOTAL CLAIMS)						